

## Distance Education Delivery Method Approval Application

(WAC 308-124H-029)

**Course Title** \_\_\_\_\_*Check the box below that applies, and enter ID# where indicated*☐ **Original Approval** ☐ **Renewal** – Course ID# \_\_\_\_\_☐ **Addition of Delivery Method** – Course ID# \_\_\_\_\_**Number of Clock Hours Requested** \_\_\_\_\_**Delivery Method** \_\_\_\_\_**Provider/Course Developer Information**

NAME OF PROVIDER/COURSE DEVELOPER		SCHOOL ID NO. <i>(If applicable)</i>	
ADDRESS <i>(Street, PO Box, Suite #)</i>			
CITY		STATE	ZIP CODE
TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS	
CONTACT PERSON		TELEPHONE NO. <i>(if different)</i>	

1. Describe how you will provide an orientation session with the instructor or an affiliated representative of the school.

2. Provide a complete description of any hardware, software, or other technology to be used by the provider and needed by the student to effectively engage in the delivery and completion of the course material. Provide an assessment of the availability and adequacy of the equipment, software, or other technologies. In the case of computer-based instruction, describe how the course software addresses automatic shutdown after a period of inactivity.

3. Describe how security will be provided to ensure that the student who receives credit for the course is the student who enrolled in and completed the course. Both the approved school and the student must certify in writing that the student has completed the course, and the required number of clock hours.
4. Describe the process and the acceptable methods of how students can contact approved instructors to answer questions regarding the course.
5. Describe consistent and regular interactive events appropriate to the delivery method. The interactive elements must be designed to promote student involvement in the learning process, and must directly support the student's achievement of the course learning objectives.
6. Demonstrate that the course includes the same or reasonably similar informational content as a course that would otherwise qualify for the requisite number of clock hours of classroom-based instruction.
7. If you are a primary provider, demonstrate how you determined the number of clock hours requested.



8. Demonstrate how mastery of the material is provided by:

a) Describing how the material is divided into major learning units, and describing how these learning units are divided into modules of instruction;

b) Describing how the student's progress toward completion of the mastery requirement will be measured;

c) Describing how the course will provide a mechanism of individual remediation to correct any deficiencies in each module of instruction.

**Please provide a copy of your course evaluation form with this application.**

**All information requested must be provided or we will return your application.**

I declare under penalty of perjury that my answers and all information provided by me herein are true and correct.

**X**\_\_\_\_\_

Date \_\_\_\_\_

Mail your completed application to:  
Department of Licensing  
Real Estate Education  
PO BOX 9048  
Olympia, WA 98507-9048

## **Instructions for Completing the Distance Education Delivery Method Approval Application**

1. Please provide the complete course title in the space provided.
2. Check the appropriate box for **Original Approval, Renewal, or Addition of Delivery Method**. You may only check the Renewal box if there are no changes in the original delivery method approval application for a previously approved delivery method. If you mark Renewal or Addition of Delivery Method, please enter the course ID# where indicated.
3. Indicate number of clock hours requested.

### **Provider/Course Developer Information**

1. Provider/course developer name and ID number: Only approved real estate provider/course developer can offer courses for clock hour credit. If you have been approved as a school, please use the approved name for your school and the appropriate ID number issued to you.
2. Address, telephone number, fax number, and e-mail address: Include PO box and suite number, if applicable.
3. Contact person and telephone number: List the name of the contact person. Include the telephone number where the contact person can be reached, if different than the school telephone number.

Questions 1 through 8 are self-explanatory. Please answer the questions as thoroughly as possible and provide documentation as requested. Include a copy of your course evaluation from with this application.

The provider/course developer certifies by signature that the course satisfies the requirements of WAC 308-124H-029.

### **Incomplete applications will not be processed**

Completed applications are processed within 45 days of our receipt

**Upon filing, this application becomes a public record and is subject  
to public disclosure provisions pursuant to RCW 42.56**